

MONTANA BOARD OF VETERINARY MEDICINE
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406)841-2394 or 841-2369 FAX (406) 841-2305
E-MAIL: dlibsdrvvet@mt.gov WEBSITE: www.vet.mt.gov

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE MONTANA LAWS AND RULES FOR LICENSURE AS A VETERINARIAN PRIOR TO MAKING APPLICATION. AVERAGE APPROVAL/DENIAL TIME, AFTER RECEIPT OF A COMPLETED APPLICATION, IS 14 DAYS.

LICENSURE REQUIREMENTS:

VETERINARIAN LICENSURE BY EXAMINATION

Applicant must:

1. be of good moral character;
 2. be a graduate of a legally authorized veterinary medical school having educational standards equal to those approved by the American Veterinarian Medical Association (AVMA); foreign graduates must have completed the requirements of the AAVSB Program for Assessment of Veterinary Education Equivalence (PAVE) or the AVMA Education Commission for the Foreign Veterinary Graduates (ECFVG) before an application will be accepted;
 3. have passed both the NBE and the CCT with a score of 70 or better within 62 months prior to the next scheduled jurisprudence exam date or have passed the NAVLE at or above the designated passing standard established by the National Board of Veterinary Medical Examiners, and pass the Montana Jurisprudence examination;
 4. have submitted a complete application no later than 45 days prior to the examination date, accompanied by the appropriate fee and all supporting documents. See website for current exam dates and deadlines.
- **NAVLE APPLICANTS:** Applicants for the North American Veterinary Licensing Examination wishing to sit as a Montana candidate shall submit the Montana State Licensure Application to the Board no later than 97 days prior to the first date of each NAVLE test window. NAVLE candidates shall submit the NAVLE application and fee directly to the National Board of Veterinary Medical Examiners. Upon approval by the Board to sit as a Montana candidate for the NAVLE, the Montana State Licensure Application will remain on file until a passing NAVLE score is received. The candidate must then schedule and pass the Montana Jurisprudence Exam within one year of the receipt of the Montana State Licensure Application.

VETERINARIAN OUT-OF-STATE APPLICANTS: (ENDORSEMENT)

Applicant must:

1. hold a current and valid license to practice veterinary medicine in another state or Canadian Province and have been continuously in practice 4 years immediately preceding the date of application to Montana;
2. be of good moral character;
3. be a graduate of a legally authorized veterinary medical school having educational standards equal to those approved by the American Veterinary Medical Association (AVMA). Foreign graduates must have completed the requirements of the AAVSB Program for Assessment of Veterinary Education Equivalence. (PAVE) or the AVMA Education Commission for Foreign Veterinary Graduates (ECFVG) before an application will be accepted;

4. have passed the NAVLE at or above the designated passing standard established by the National Board of Veterinary Medical Examiners or have passed both the NBE and CCT with a score of 70 or better, and pass the Montana Jurisprudence examination. Substantial documentation of examination from the state or Canadian province in which you were licensed on the basis of a competency (not jurisprudence) exam may be substituted for the CCT exam.
5. not have had any disciplinary sanction during the last 4 years nor any license suspension or revocation at any time;
6. have submitted a complete application no later than 45 days prior to the examination date, accompanied by the appropriate fee and all supporting documents. See website for current exam dates and deadlines.

FEES **\$200.00 Application Fee**
 \$50.00 Temporary Fee

*Make check or money order payable to the Montana Board of Veterinary Medicine.
All fees are non-refundable

PHOTOS Please place recent photo (within one year of application) on the final page of the application. Passport size is preferable.

DOCUMENTS The following documents must be submitted to the Board office in order to complete your license application. **8 copies of the completed application and all supporting documents submitted by you** are due in the office by the current deadline date for the jurisprudence exam. **SEE EXAM INFORMATION ON THE WEB PAGE FOR THE CURRENT EXAMINATION DATES AND DEADLINES.**

LICENSURE BY EXAMINATION:

1. Submit the application fee.
2. Photograph approximately 2" X 2" taken within 1 year of the date of application.
3. Certified transcript sent to us directly from school of veterinary medicine. Senior veterinary students who have not yet graduated shall submit a letter from the Dean of the school stating that the applicant is a senior student and the expected date to receive the degree of Doctor of Veterinary Medicine or its equivalent. Foreign graduates must supply certified copy of PAVE or ECVG certificate.
4. NAVLE score at or above the designated passing standard established by the National Board of Veterinary Medical Examiners or the National Board Examination (NBE) and Clinical Competency Test (CCT) scores indicating you passed with a converted score of 70 or better. Candidates must have their NBE, CCT, or NAVLE scores reported directly to Montana from Veterinary Information Verification Agency (VIVA) at info@aasvb.org or 1-877-698-VIVA.

TEMPORARY PERMITS (Form 2): An examination applicant may be issued a temporary permit if he/she is employed by, working under the supervision of, and in the same office with, a veterinarian licensed in Montana. Temporary permits are valid only until the release of grades from the next jurisprudence exam for which the applicant is eligible. **A temporary permit application may be submitted only after a completed exam application is on file.** Both applications are then mailed to the Board for approval. A majority vote by the Board is needed prior to a temporary permit being issued.

LICENSURE FOR OUT-OF-STATE APPLICANTS (ENDORSEMENT):

1. Submit application fee.
2. Photograph approximately 2" X 2" taken within 1 year of the date of application.
3. Certified copy of a transcript sent to the Board office directly from the school of veterinary medicine. Foreign graduates must supply certified copy of their PAVE or ECFVG certificate.
4. NAVLE score at or above the designated passing standard established by the National Board of Veterinary Medical Examiners or the National Board Examination (NBE) and Clinical Competency Test (CCT) scores indicating that you have passed with a converted score of 70 or better. Candidates must have their NBE, CCT or NAVLE scores reported directly to Montana from Veterinary Information Verification Agency (VIVA) at info@aavsb.org or 1-877-698-VIVA. If you have not taken the CCT, supply substantial documentation of examination from the state or province in which you were licensed on the basis of competency (not jurisprudence) exam.
5. Candidates must contact other states/provinces of licensure (past & current) and request letter of verification of license status. **The candidate will be responsible for contacting these jurisdictions and paying any fees that are required.**

TEMPORARY PERMITS (Form 2): Any out-of-state (endorsement) applicant may be issued a temporary permit if the applicant is working under the supervision of a veterinarian licensed in Montana. Temporary permits are valid only until the release of grades from the next jurisprudence exam for which the applicant is eligible. **A temporary permit application may be submitted only after a completed out-of-state licensure application is on file.** Both applications are then mailed to the Board for approval. A majority vote of approval by the Board is needed prior to a temporary permit being issued.

APPLICATION PROCEDURES

- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information. Non-routine applications may take up to 120 days to process.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

For further information visit our website at <http://www.vet.mt.gov>

If you have any questions please contact the board office at (406) 841-2394 or 841-2369 or email us at dlibsdrvvet@mt.gov

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APPLICATIONS MUST BE APPROVED BY THE BOARD THROUGH THE MAIL. AVERAGE APPROVAL/DENIAL TIME, AFTER RECEIPT OF A COMPLETED APPLICATION, IS 14 DAYS.

Veterinarian Application for Licensure

Application for NAVLE:

☐ As Montana Candidate

Application By:

☐ Examination (less than 4 years of experience)

☐ License from Another State (4 years or more of experience)

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY: _____

3. BUSINESS NAME: _____

4. BUSINESS ADDRESS: _____
Street or PO Box # City and State Zip Country

5. HOME ADDRESS: _____
Street or PO Box # City and State Zip Country

PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS: _____

6. TELEPHONE: (____) _____ (____) _____ (____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE

9. LICENSE NAME: _____
(State your name, as it should appear on the license if granted.)

10. National Board Examination (NBE) / Clinical Competency Test (CCT)/North American Veterinary Licensing Exam Information.

Name of Exam	Dates Taken	Location	State	Candidate ID #
NAVLE				
NBE				
CCT				

11. Academic Degrees Received: (Include certificates equivalent to degrees. List latest degree first)

Degree	Date Received	Institution	Major	Minor(s)

12. Professional Experience as a Veterinarian. List all experience of professional consequence including unpaid as well as paid, concurrent as well as consecutive, starting at date of application and working back to graduation. Attach additional sheet if necessary. Applicant should follow the same format as below in each case.

Date:	From	To
Organization/Address:		
Exact Title:		
Hours per week:	Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, title and present address of immediate supervisor:		
Description of work:		

Date:	From	To
Organization/Address:		
Exact Title:		
Hours per week:	Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, title and present address of immediate supervisor:		
Description of work:		

Date:	From	To
Organization/Address:		
Exact Title:		
Hours per week:	Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, title and present address of immediate supervisor:		
Description of work:		

Professional Experience as Veterinarian, Continued

Date:	From	To
Organization/Address:		
Exact Title:		
Hours per week:	Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, title and present address of immediate supervisor:		
Description of work:		

Date:	From	To
Organization/Address:		
Exact Title:		
Hours per week:	Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, title and present address of immediate supervisor:		
Description of work:		

13. List all professional licenses or certifications you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

[illegible]

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplementary Sheet.

14. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. ☐ Yes ☐ No

15. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result if any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint; during an investigation or during disciplinary proceedings? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No

16. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No

17. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☐ No

18. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary court or other entity? If yes, attach a detailed explanation. ☐ Yes ☐ No

19. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation. ☐ Yes ☐ No

20. Have you any physical or mental condition which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No

21. Have you used alcohol or any other mood-altering substance in a manner which may have or has adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

23. Do you have any physical impairment requiring special accommodations in taking the examination? Please include a statement of your needs with this application. ☐ Yes ☐ No

CERTIFICATE OF MORAL CHARACTER REQUESTED OF ALL APPLICANTS

To the Board of Veterinary Medicine:

This certifies that I am personally acquainted with the applicant and that the applicant is of good moral and professional character; and that the applicant is worthy to be licensed to practice veterinary medicine in the State of Montana, pursuant to law.

To be signed by three licensed veterinarians:

Printed Name _____ Legal Signature _____ , DVM

Address _____ Phone# _____

Printed Name _____ Legal Signature _____ , DVM

Address _____ Phone# _____

Printed Name _____ Legal Signature _____ , DVM

Address _____ Phone# _____

FOR FOREIGN VETERINARY SCHOOL GRADUATES ONLY

1. Indicate the type of proof of fluency in English which applicant has. (check one)

_____ Graduate of U.S. or Canadian English language high school.

_____ Completion of Test of English as a Foreign Language (TOEFL) and Test of Spoken English (TSE)

_____ Other (Specify)

2. List the places where the applicant completed the year of evaluated clinical experience.

Name of Practice	Address	Dates	Types of Practice

3. When did the applicant complete the requirements of the American Veterinary Medical Association's Education Commission for Foreign Veterinary graduates (ECVFG)?

4. When did the applicant complete the requirements of the American Association of Veterinary State Boards Program for Assessment of Veterinary Education Equivalence (PAVE)?

AFFIX PHOTO
HERE
PASSPORT SIZE

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau, Board of Veterinary Medicine.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Dated

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____, _____.

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APPLICATION FOR TEMPORARY PERMIT
Examination Candidates

TO BE COMPLETED BY APPLICANT:

I, _____, hereby apply for a Temporary Permit to practice veterinary medicine in the State of Montana in the employment of, under the supervision of, and in the same office with _____, a Montana-licensed veterinarian. I understand that the Temporary Permit would be valid only until the grades are released from the first licensing examination for which I am eligible.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY LICENSED VETERINARIAN:

I, _____, Montana License No _____,

Practicing at _____,
(Street) (City) (State) (Zip)

hereby request that a Temporary Permit be issued to _____, to practice veterinary medicine in the State of Montana until the release of grades from the next licensing examination for which the applicant is eligible. **I UNDERSTAND THAT AS PER ARM 24.225.501(2), THE APPLICANT MUST BE EMPLOYED BY ME, UNDER MY SUPERVISION, AND IN THE SAME OFFICE WITH ME AT ALL TIMES.**

Signature of the Veterinarian _____ Date _____

APPLICATION FOR TEMPORARY PERMIT
Candidates From Other States

TO BE COMPLETED BY APPLICANT:

I, _____, hereby apply for a Temporary Permit to practice veterinary medicine in the State of Montana under the supervision of _____, a Montana-licensed veterinarian. I understand that the Temporary Permit would be valid only until the grades are released from the first licensing examination for which I am eligible.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY LICENSED VETERINARIAN:

I, _____, Montana License No _____,

practicing at _____,
(Street) (City) (State) (Zip)

hereby request that a Temporary Permit be issued to _____, to practice veterinary medicine in the State of Montana until the release of grades from the next licensing examination for which the applicant is eligible. **I UNDERSTAND THAT AS PER ARM 24.225.501(3), THE APPLICANT MUST BE UNDER MY SUPERVISION.**

Signature of the Veterinarian _____ Date _____